

IN

## MAIL TO:

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

## WEBSITE ADDRESS:

http://ag.ca.gov/charities/

## ANNUAL

REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



NOV 18 2013  
Registry of Charitable Trusts  
Attorney General's Office

State Charity Registration Number 117196

MY SISTER'S HOUSE

Name of Organization

3053 FREEPORT BLVD. #120

Address (Number and Street)

SACRAMENTO, CA 95818

City or Town

State ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 2326772

Federal Employer ID No. 68-0464114

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)  
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

## PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/12 ending 6/30/13) list:

Gross annual revenue \$ 757,426. Total assets \$ 505,794.

## PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred. SEE STATEMENT 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. SEE STATEMENT 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number (916) 930-0626

Organization's e-mail address INFO@MY-SISTERS-HOUSE.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

*Nilda Guanzon Valmore*  
Signature of authorized officer

NILDA GUANZON VALMORES EXECUTIVE DIR.  
Printed Name Title

11/13/13  
Date

317143

\$75

✓

CLIENT 577

MY SISTER'S HOUSE

68-0464114

11/01/13

09:51AM

**STATEMENT 1**  
**FORM RRF-1, PART B, LINE 6**  
**GOVERNMENT AGENCY THAT PROVIDED FUNDING**

CAL-EMA  
3650 SCHIEVER ROAD  
MATHER, CA 95655  
CONTACT: GINA BUCCIERI-HARRINGTON  
PHONE: (916) 8458301

SACRAMENTO EMPLOYMENT & TRAINING AGENCY  
925 DEL PASO BLVD.  
SACRAMENTO, CA 95815  
CONTACT: TERRI CARPENTER  
PHONE: (916) 263-3800

DEPARTMENT OF HUMAN ASSISTANCE  
2433 MARCONI AVENUE  
SACRAMENTO, CA 95821  
CONTACT: MANAGER  
PHONE: (916) 875-3601

SACRAMENTO REGIONAL EMERGENCY FOOD AND SHELTER BOARD  
2020 HURLEY WAY, STE. 420  
SACRAMENTO, CA 95825  
CONTACT: MANAGER  
PHONE: (916) 447-7063

**STATEMENT 2**  
**FORM RRF-1, PART B, LINE 7**  
**NUMBER AND DATES OF RAFFLES**

ONE RAFFLE WAS HELD AT THE ANNUAL HIGH TEA EVENT ON 10-13-12.

**STATEMENT 3**  
**FORM RRF-1, PART B, LINE 8**  
**VEHICLE DONATION PROGRAM INFORMATION**

THE ORGANIZATION CONTRACTS WITH CAR PROGRAM, LLC, 3755 OMEC CIRCLE 4, RANCHO CORDOVA, CA 95742.